

ISSUE FEE TRANSMITTAL

U.S. Department of Commerce
Patent and Trademark Office

This form is provided in lieu of a separate transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE | SC/SERIAL NO.

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are on reverse side.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and addressee in 1A below. (Note: See box 5 below for correspondence concerning maintenance fee payments.)

2A. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

(Date)

Notes: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

06/754,716

07/15/85

020

HOWARD, J

118

03/28/86

First
Named
Applicant

SILVESTRINI,

THOMAS A.

TITLE OF
INVENTION

HARD ELASTIC SUTURES

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

PC 6794A

128-335.005

063

UTILITY

NO

\$560.00

06/30/86

1A. Further correspondence to be mailed to the following:

Dr. Charles J. Knuth
Pfizer Inc.
235 E. 42nd Street
New York, NY 10017

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Charles J. Knuth
2 Peter C. Richardson
3 Gezina Holtrust

DO NOT USE THIS SPACE

3. ASSIGNMENT DATA (print or type) ATTENTION IS DIRECTED
TO 37 C.F.R. 1.334

A. (1) ☐ This application is NOT assigned.
(2) ☐ Assignment previously submitted to the Patent and Trademark Office.
(3) ☐ Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:

PFIZER HOSPITAL PRODUCTS GROUP, INC.

(2) ADDRESS: (City & State or Country)

NEW YORK, NY

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

DELAWARE

4. The following fees are enclosed: ☐ Issue Fee
☐ Advanced order ☐ Assignment recording

The following fees should be charged to:

deposit acct. no.

16-1445

(PTOL-85c or additional copy of PTOL-85b must be enclosed)

☒ Issue fee ☒ Advanced order ☐ Assignment recording

Number of advanced order copies requested

10

(must be for 10 or more copies)

5. All correspondence relating to maintenance fees will be addressed to the correspondence address unless a separate "Fee Address" is provided to the Patent and Trademark Office (37 CFR 1.363). A "Fee Address" may be submitted by the owner of record with the payment of the issue fee or thereafter by using form PTO-1537.

TRANSMIT THIS FORM WITH FEE